

Division of Program Compliance – Audits Branch 1600 9th Street, Sacramento, CA 95814 (916) 445-1554, FAX (916) 445-1588

January 22, 2009

Edward Walker, LCSW, Interim Director Butte County Department of Behavioral Health 107 Parmac Road, Suite 4 Chico, CA 95926-2218

Dear Mr. Walker:

AUDIT REPORT - BUTTE COUNTY MENTAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Butte County Mental Health for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

	9	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>		
Federal Share of Short-Doyle/Medi-Cal	\$	10,770,370	\$ 11,165,402	\$	395,032	
Federal Share of Healthy Families/Medi-Cal	\$. :	218,586	\$ 208,666	\$	(9,920)	
State General Funds EPSDT Due State	\$	4,078,667	\$ 4,220,142	\$	141,475	

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Edward Walker, LCSW, Interim Director January 22, 2009 Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

Chal Obemen

WALTER J. HILL, JR., MBA, EA Chief of Audits

CHUKWUEMEKA OKEMIRI, CPA Supervisor, Northern Region Audits

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Enclosures

Certified Mail

BUTTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

				Audit	
		_	As Settled_	Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL					
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	\$	9,868,464	\$ 388,951 \$	10,257,415
HEALTHY FAMILIES - FFP	(Sch. 2a)		211,838	(9,811)	202,027
TOTAL FFP - COUNTY PROVIDERS		\$ _	10,080,302	\$ 379,140 \$	10,459,442
CONTRACT PROVIDERS					
MEDI-CAL - FFP		\$	901,906	\$ 6,080 \$	907,986
HEALTHY FAMILIES - FFP			6,748	(109)	6,639
TOTAL FFP - COUNTY PROVIDERS		s <u> </u>	908,654		914,625
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS				
MEDI-CAL - FFP		\$	10,770,370	\$ 395,032 \$	11,165,402
HEALTHY FAMILIES - FFP			218,586	(9,920)	208,666
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS	\$_	10,988,956	\$ 385,111 \$	11,374,067
		_			
SUMMARY OF STATE GENERAL FUNDS					
EPSDT - SGF		\$	4,078,667	§ 141,475 \$	4,220,142
EL 201 - 201		" =	7,070,007	<u> </u>	7,220,172

Note:

The As Settled amount includes a refund of \$145 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 110)

BUTTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

					Audit	
		_	As Settled		Adjustments_	As Audited
otal Medi-Cal Gross Reimbursement						
I. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$		\$	0 \$	0
2 Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		15,937,718		563,111	16,500,829
3. Enhanced SD/MC (Children) - 1/P	(MH1968, Ln 16, 16A)		0		0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		56,052		(795)	55,257
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		735		(735)	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		. 0		0	0
3. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		295,334		. (13,435)	281,899
9. Total		\$=	16,289,839	\$	548,146 \$	16,837,985
ess: Patient & Other Payor Revenues						
0. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0 \$	0
Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		130,144		4,384	134,528
2. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	C
3. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		870	870
4. Enhanced SD/MC (Refugees) - 1/P	(MH1968, Ln 30)		0		0	C
5. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	C
6. Healthy Families Patient Revenue-I/P	(MH 1968, Ln-3-1)		0		0	C
7. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		316	316
8. Total		\$	130,144	\$_	5,570 \$	135,714
1edi-Cal Net Reimbursement for Direct Services						
9. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0 \$	0
0. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		15,863,626		557,062	16,420,688
1. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
2. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		735		(735)	0
3. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0	0
4. Healthy Families-O/P	(Ln 8 - Ln 17)		295,334		(13,751)	281,583
5. Total		\$_	16,159,695	\$ <u></u>	542,576 \$	16,702,271
1edi-Cal MAA Reimbursement						
6. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0 \$	0
7. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		13,780		2,310	16,090
8. Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		0	0
9. Total		s —	13,780	· s	2,310 \$	16,090

BUTTE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL					Audit		
		_	As Settled	_	Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost							
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		(
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		(
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		(
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0	_	0	_	
36. Total		\$=	0	· \$ _	0	\$ _	(
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, l.n 4)	\$	2,750,002	\$	89,724	\$_	2,839,726
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$_	3,179,989	\$	63,745	s ⁻	3,243,734
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	2,750,002	\$ =	89,724	\$ <u>_</u>	2,839,726
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lir	mit (MH1979, Ln 8)	\$	30,571	\$	(1,343)	\$	29,228
41. Healthy Families Administration	(MH1979, Ln 9)	\$	42,711	\$	6,820	s ⁻	49,531
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ <u></u>	30,571	\$_	(1,343)	\$ _	29,228
Ut ilization Review Reimburseme nt							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	15,516	\$	60,967	\$	76,483
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ <u></u>	11,966	\$_	(12)	\$ =	11,954
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	8,431,785	\$	299,032	\$	8,730,817
46. Enhanced (Children)	(MH1979, Ln 17,17A)		36,434		(1,082)		35,352
47. Enhanced (Refugees)	(MH1979, Ln 18)		735		(735)		(
48 MAA	(MH 1979, Ln 11, 12 & 13)	6,890		1,155		8,045
49. Administrative Reimbursement	(MH1979, Ln 6)	_	1,375,001		44,862		1,419,863
50. U.R. Skilled Professional	(MH1979, Ln 14)		11,637		45,725		57,362
51. U.R. Other	(MH1979, Ln 15)		5,983		(6)		5,977
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0,,,,
53. Subtotal- FFP	(11111777, 21, 20)	\$	9,868,465	\$ =		\$ =	10,257,415
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0	_	0	_	0
56. Total SD/MC Reimbursement - FFP		\$	9,868,465	\$	388,950	\$	10,257,415
Net Healthy Families Reimbursement - FFP		=	 _	=		=	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	191,967	\$	(8,938)	\$	183,029
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	•	0	•	(0,758)	•	03,027
59. Administrative Reimbursement	(MH1979, Ln 10)		19,871		(873)		18,998
60. Total Healthy Families Reimbursement - FFP	(.a, en 10)	s —	211,838	s -	(9,811)	۰,	202,027
oo. Total Deality Failures remodischere - 111		-		" ==	(2,011)	´ =	202,027
61. Total - FFP (Ln 56 + Ln 60)		§	10,080,303	\$ =	379,139	\$ =	10,459,442
							(To Sch. 1)

SCHEDULE 3

BUTTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Legai Entity			(1) Medi-Cal and Crossover Gross Cost	(2) Enhanced - Children Gross Cost		(3) Enhanced - Refugees Gross Cost		_	(4) Total oss Cos xcl. HFP		(5) Healthy Families Gross Cost		(6) Medi-Cal and Crossover Gross Cost		(7) nhanced - Children ross Cost		(8) Enhanced Refugees Gross Cos		(9) Total Gross Cost (Excl. HFP)		(10) Healthy Families Gross Cost
Number	Legal Entity	Γ		I N	P	ATI		. 1	7 V] [0	UT	P	A T		E N	Ť	
			(MH 1968,	(MH 1968,		(MH 1968,		(C	ol. 1 to 3	1)	(MH 1968,		(MH 1968,		MH 1968,		(MH 1968,		(Col. 6 to 8)		(MH 1968,
		- 1	Ln 5, 5A, 10,10A)	Ln 16, 16A)		Ln 22)					Ln 27, 27A)		Ln 5, 5A, 10,10A)	ι	n 16, 16A)		Ln 22)				Ln 27, 27A)
00120	FAMILIES FIRST INC	\$	0	\$	0 \$		0 \$			0 \$	0	\$	44,259 \$		0	\$		0 \$	44.2	59 \$	0
	WORK TRAINING CENTER, INC.	\$	0	\$	0 \$		0 \$			0 \$	0	\$	5,776 \$		0	\$		0 \$		76 \$	0
00484	NORTH VALLEY SCHOOLS -	\$	0	\$	0 \$		0 \$			0 \$	0	\$	16,848 \$		0	\$		0 \$	16,8		0
00529	WILLOW GLEN CARE CENTE	\$	0	\$	0 \$		0 \$			0 \$	0	\$	3,510 \$		-	\$		0 \$		10 \$	0
00628	NORTHERN VALLEY CATHOL	\$	0	\$	0 \$		0 \$			0 \$	0	\$	394,708 \$		7,339	\$		0 \$	402,0	17 \$	0
00705	YOUTH FOR CHANGE	\$	0	\$	0 \$		0 \$			0 \$	0	\$	468,778 \$		1,785	\$		0 \$	470,5	53 \$	7,259
00804	SACRAMENTO VALLEY FAMI	\$	0	\$	0 \$		0 \$			0 \$	0	\$	197,877 \$		1,657	\$		0 \$	199,5	34 \$	0
00861	NORTH VALLEY PARENT ED	\$	0	\$	0 \$		0 \$			0 \$	0	\$	300,269 \$		2,083	\$		0 \$	302,3	52 \$	1,478
00900	COUNSELING SOLUTIONS	\$	0	\$	0 \$		0 \$			0 \$	0	\$	122,460 \$		0	\$		0 \$	122,4	SO \$	0
00901	FEATHER RIVER TRIBAL H	\$	0	\$	0 \$		0 \$			0 \$	0	\$	139,689 \$		_	\$		0 \$	139,6		0
01122	VALLEY OAK CHILDREN'S	\$	0	\$	0 \$		0 \$			0 \$	0	\$	20,892 \$		1,770	\$		0 \$	22,6	52 \$	1,645

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 1,715,066 \$ 14,634 \$ 0 \$ 1,729,700 \$ 10,382

SCHEDULE 3a

BUTTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity <u>Number</u>	<u>Legal Entity</u>		(12) Healthy Families Revenue	<u></u> □ [(13) Total Revenue (Excl. HFP) OUTPAI] [(16) Net Cost Healthy Families I E N T		PA	(18) Net Cost Healthy Families T I E N T	(19) Total MAA FFP Reimbursement
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)		(MH 1968, Ln 28 to 30)	(MH 1968, En 31)		(Col 4-11)	(Col 5-12)	(Col 9-13)		(Col 10-14)	(MH 1979, En 11-13)
00120	FAMILIES FIRST INC	\$ 0	\$	0 \$	0 \$	0	\$	0	\$ 0 \$	44,25	9 \$	0 \$	0
00239	WORK TRAINING CENTER, INC.	\$ 0	\$	0 \$	0 \$	0	\$	0	\$ 0 \$	5,77	6 \$	0 \$	٥
00484	NORTH VALLEY SCHOOLS -	\$ 0	\$	0 \$	0 \$	0	\$	0	\$ 0 \$	16,84	8 \$	0 \$	0
00529	WILLOW GLEN CARE CENTE	\$ 0	\$	0 \$	0 \$	0	\$	0	\$ 0 \$	3,51	0 \$	0 \$	0
00628	NORTHERN VALLEY CATHOL	\$ 0	\$	0 \$	0 \$	0	\$	0	\$ 0 \$	402,04	7 \$	0 \$	0
00705	YOUTH FOR CHANGE	\$ 0	\$	0 \$	53 \$	0	\$	0	\$ 0 \$	470,51	0 \$	7,259 \$	0
00804	SACRAMENTO VALLEY FAMI	\$ 0	\$	0 \$	261 \$	0	\$	0	\$ 0 \$	199,27	3 \$	0 \$	0
00861	NORTH VALLEY PARENT ED	\$ 0	\$	0 \$	0 \$	0	\$	0	\$ 0 \$	302,35	2 \$	1,478 \$	0
00900	COUNSELING SOLUTIONS	\$ 0	\$	0 \$	4,729 \$	0	\$	0	\$. 0 \$	117,73	1 \$	0 \$	0
00901	FEATHER RIVER TRIBAL H	\$ 0	\$	0 \$	68 \$	0	\$	0	\$ 0 \$	139,62	1 \$	0 \$	0
01122	VALLEY OAK CHILDREN'S	\$ 0	\$	0 \$	0 \$	0	\$	0	\$ 0 \$	22,66	2 \$	1,645 \$	0

GRAND TOTAL \$ 0 \$ 5,111 \$ 0 \$ 0 \$ 1,724,589 \$ 10,382 \$ 0

SCHEDULE 3b

BUTTE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity <u>Number</u>	<u>Legal Entity</u>	I	(20) Neg. Rates Exceed Costs (Exci. HFP) INPA (MH 1968, Ln 38 to 39)	(21) Neg. Rates Exceed Costs Healthy Families T I E N T (MH 1968, Ln 40, 40A)	(22) Neg. Rates Exceed Costs (Excl. HFP) O U T P A (MH 1968, Ln 38 to 39)	(23) Neg. Rates Exceed Costs Healthy Families A T E N T (MH 1968, Ln 40, 40A)	(24) Total SD/MC Reimbursement (FFP) (MH 1979, Line 21)	(25) Healthy Families Reimbursement (FFP) (MH 1979, Ln. 27)	Total Reimbursement (FFP) (Col. 24 + 25)	(27) FFP Contract <u>M</u> aximum	(28) Lower of FFP or Contract Maximum
00120	FAMILIES FIRST INC	\$	0 \$	0 \$	0 \$	0	\$ 23,532 \$	0 :	23,532 \$	25,238 \$	23,532
00239	WORK TRAINING CENTER, INC	\$	0 \$	0 \$	0 \$						3,078
00484	NORTH VALLEY SCHOOLS -	\$	0 \$	0 \$	0 \$	0	\$ 8,990 \$	0 :	8,990 \$	99,882 \$	8,990
00529	WILLOW GLEN CARE CENTE	\$	0 \$	0 \$	0 \$	ρ:	\$ 1,908 \$	0 :	1,908 \$	43,653 \$	1,908
00628	NORTHERN VALLEY CATHOL	\$	0 \$	0 \$	0 \$	o :	\$ 215,377 \$	0 :	215,377 \$	219,871 \$	215,377
00705	YOUTH FOR CHANGE	\$	0 \$	0 \$	0 \$; þ.	\$ 250,818 \$	4,718	255,536 \$	289,030 \$	255,536
00804	SACRAMENTO VALLEY FAMI	\$	0 \$	0 \$	0 \$	i 0 :	\$ 107,255 \$	0 :	107,255 \$	122,566 \$	107,255
00861	NORTH VALLEY PARENT ED	\$	0 \$	0 \$	0 \$	i 0 .	\$ 161,215 \$	960	162,175	149,091 \$	149,091
00900	COUNSELING SOLUTIONS	5	0 \$	0 \$	0 \$	i þ.	\$ 62,651 \$	0	62,651 \$	79,950 \$	62,651
00901	FEATHER RIVER TRIBAL H	\$	0 \$	0 \$	0 \$			0			74,255
01122	VALLEY OAK CHILDREN'S	\$	0 \$	0 \$	0 \$	0	\$ 12,268 \$	1,069	13,337 \$	12,952 \$	12,952
						FOR LE 861	(13,007)	(77)			
						FOR LE 1122	(354)	(31)	(385)		

GRAND TOTAL	\$ s	s	 0 \$	907 986 \$	6,639 \$	927,709 \$	1,153,843 \$	914,625

(To Sch 1)

BUTTE COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	17,576,479	568,798	18,145,277
(2) Total SD/MC Claims	17,621,975	(360)	17,621,615
(3) Percent % (Line 1/Line 2)	99.74%	3.23%	102.97%
(4) EPSDT Claims	9,380,955	(360)	9,380,595
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	9,356,565	302,634	9,659,199
(6) Cost Settled Baseline for EPSDT	622,493	0	622,493
(7) Net Cost Settlement Amount (Line 5 - Line 6)	8,734,072	302,634	9,036,706
(8) 46.7% of Cost Settlement Amount (Line 7 x 46.7%)	4,078,812	141,330	4,220,142
(8a) FY 2001-02 EPSDT Settlement	4,335,248	0	4,335,248
(8b) Annual Local Growth (L 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net Cost Settlement Amount (L. 8 - 9)	4,078,812	141,330	4,220,142
(11) SGF Distribution (Settled and Audited)	4,078,812	(145)	4,078,667
(12) SGF Due County (State)	0	141,475	141,475
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (inclues contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

Note:

The increase in SGF was due to the increase in Medi-Cal units.





Provider	BUTTE COU	NTY		Pr	rovider Number 00004	No. of Adj. 111		eriod Ended 30, 2004
 	Report Refe			_		As		As
Adj. No.	Form/ Sch.	Line	Çol.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	Increase (Decrease)	AS Adjusted
				ADJUSTMENTS TO REPORTED COSTS			-	
1	MH 1960	6	С	MEDI-CAL ADJUSTMENTS		\$ 4 6,888	\$ (1,846)	\$ 45,042
			ı	To adjust Depreciation Expenses for filling system.				
2	MH 1960	4	С	OTHER ADJUSTMENTS		\$ 5,962,709	\$ 111,806	\$ 6,074,515 °
				To adjust A-87 Cost to agree with revised A-87 approved plan.				
3	MH 1960	4	С	OTHER ADJUSTMENTS		** \$ 6,074,515	\$ (344,494)	\$ 5,730,021 *
				To adjust Encumbrances (released/Not expended) to agree with County's Rec	ords.			
				(12,464) Admin. (332,030) Mode Cost (344,494)	s			
4	MH 1960	4	С	OTHER ADJUSTMENTS		** \$ 5,730,021	\$ (1,267)	\$ 5,728,754
				To adjust ASO to agree with County's Records.	ĺ			
5	MH 1960	4	С	OTHER ADJUSTMENTS		** \$ 5,728,754	\$ 3,476	\$ 5,732,230
				To adjust MHS to agree with County's Records.				
}								
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				



Provider					Provider Number	No. of Adj.	Fiscal Po	eriod Ended
	BUTTE COL	JNTY			00004	111	June	30, 2004
	Report Refe	erence				As	Increase	As
Adj.	Form/	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
No.	Sch.	Line	<u> </u>					
				ADJUSTMENTS TO REPORTED COSTS				
6	MH 1960	9	С	SD/MC ADMINISTRATION		\$ 3,179,989	\$ (3,179,989)	\$ -
7	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION		42,711	(42,711)	-
8	MH 1960	11 12	C	NON-SD/MC ADMINISTRATION		539,443	(539,443)	2.702.442.*
•	MH 1960	12		TOTAL ADMINISTRATIVE COSTS		3,762,143		3,762,143
				To eliminate the reported allocation of Administrative Costs. Administrative				
				will be redistributed to the proper cost centers after adjustments to adminis costs are made below.	trative			
9	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS		** \$ 3,762,143	\$ 99,342	\$ 3,861,485 *
				To reflect adjustment #2 and #3.				
10	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS		** \$ 3,861,485	\$ (10,359)	\$ 3,851,126 *
				To reclassify MAA Administrative Costs to Mode 55 to agree with County's	records.			
11	MH 1960	9	С	SD/MC ADMINISTRATION		s -	\$ 3,243,734	\$ 3,243,734
12	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION			49,531	49,531
13	MH 1960 MH 1960	11	C	NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		<u></u>	557,860	557,860 3,851,126
	WITH 1960	12		TOTAL ADMINISTRATIVE COSTS				3,831,120
				To allocate Total Administrative Costs between SD/MC, Healthy Families, Non-SD/MC Administration based on the Medi-Cal recipients percentages	and			
İ				Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.			<u></u>	





Provider				Pro	ovider Number	No. of Adj.	Fiscal P	eriod Ended
	BUTTE COU	INTY			00004	111	June	30, 2004
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COST				
14 15 16 info	MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ 15,516 11,966 3,139 30,621	\$ (15,516) (11,966) (3,139)	30,621 •
				To eliminate the reported allocation of Skilled Professional Medi-Cal Personnel, Other SD/MC Utilization Review, and Non-SD/MC Utilization Review. Cost will redistributed to the proper cost centers after adjustments to Utilization Review Costs are made below.				
17	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS		** \$ 30,621	\$ 59,543	\$ 90,164 *
				To reclassify partial salaries & Benefits of a Clinician from Mode Cost to UR to agree with County's records.				
18	MH 1960	16	С	TOTAL UTILIZATION REVIEW COSTS		** \$ 90,164	\$ 8,483	\$ 98,647
				To reclassify salaries & Benefits of a contractor from Mode Cost to UR to agree with County's records.				
19 20	MH 1960 MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW		s -	\$ 76,483 11,954	\$ 76,483 11,954
21	MH 1960 MH 1960	15 16	CC	NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		98,647	10,210	10,210 98,647
		 		To allocate Total Utilization Review Costs between SPMP Other SD/MC Utilization Review, and Non-SD/MC Utilization Review				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				





Provider				Pr	ovider Number	No. of Adj.	Fiscal Pe	eriod Ended
	BUTTE COU	INTY			00004	111	June	30, 2004
	Report Refe	erence				As	Increase	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COST				
22	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA)		\$ 23,240,308	\$ (389,334)	22.850,974
		 		To reflect adjustment #1, 3, 4, 5,10,17,18.				
			 	ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
23 info 24 25 26 info info	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	3 4 5 6 7 8	A A A A A	OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2) OUTREACH SERVICES (MODE 45) MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55) SUPPORT SERVICES (MODE 60) TOTAL To distribute revised Direct Services cost to Other 24 Hour Services, Day Services, Outpatient Services, Outreach Services, MAA, and		\$ 2,496,037 480,051 19,136,646 976,823 61,794 88,957 \$ 23,240,308	(28.820) - (355.492) (15.381) 10.359 - (389,334)	\$ 2,467,217 480,051 18,781,154 961,442 72,153 88,957 \$ 22,850,974
27 28 29 info 30	MH 1901B MH 1901B MH 1901B MH 1901B MH 1901B		K L O Q T	ADJUSTMENTS TO REPORTED REVENUES MEDI-CAL PATIENT AND OTHER PAYOR REVENUES 07/01/03 To 09/30/03 MEDI-CAL PATIENT AND OTHER PAYOR REVENUES 10/01/03 To 06/30/04 3RD PARTY REVENUES (CHILDREN) 3RD PARTY REVENUES (REFUGEES) 3RD PARTY REVENUES (HEALTHY FAMILIES) TOTAL To adjust Crossover Revenues to agree with County's records.		\$ 29,506 100,638 - - - 130,144	\$ 4,870 (486) 870 - 317 5,571	\$ 34,376 100,152 870 - 317 135,715
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				



Provider	BUTTE COU	NTY		Pr	ovider Number 00004	No. of Adj. 111		riod Ended
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SDIMC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
31 32 33 34 35 36 Info 37 38 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total	TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated July 16, 2005 (Excluding disallowed claims). Above adjustments include Phase II. Copies of workpapers detailing adjustments by service		1,729,404 4,392,335 20,660 47,142 7,553 19,309 325 56,947 78,770 6,352,445	163,709 231,248 (1,687) 1,067 415 141 - (415) (141) 394,337	1,893,113 * 4,623,583 * 18,973 * 48,209 * 7,968 * 19,450 * 325 * 56,532 * 78,629 * 6,746,782
39 40 info info info 41 Info 42 43 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total Total	functions have been provided to the County. MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the State DMH Approved Claims Report dated July 16, 2008 to exclude the County's QA/UR disallowed units.		** 1,893,113 ** 4,623,583 ** 18,973 ** 48,209 ** 7,968 ** 19,450 ** 325 ** 56,532 ** 78,629 6,746,782	(34,220) (49,789) - - (190) - (1,542) (770) (86,511)	1,858,893 * 4,573,794 * 18,973 * 48,209 * 7,968 * 19,260 * 325 * 54,990 * 77,859 * 6,660,271
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				





Provider					Provider Number	1		iod Ended
	BUTTE COU	NTY		,	00004	111	June 3	0, 2004
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
140.	Julia Julia	Cite	COIL	ADJUSTMENTS TO REPORTED SDINIC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
Info 44 Info Info Info Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the State DMH Approved Claims Report dated July 16, 2008 to incorporate the results of the EPSDT audit findings. This audit was		** 1,858.893 ** 4,573,794 ** 18,973 ** 48,209 ** 7,968 ** 19,260 ** 325 ** 54,990 ** 77,859 6,660,271	(150) - - - - - - - - (150)	1,858,893
45 46 47 48 Info 49 Info 50 51 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total	conducted by the State DMH Oversight Branch. MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03		1,858,893 4,573,644 18,973 48,209 7,968 19,260 325 54,990 77,859 6,660,121	28,558 111,374 2,700 (517) - 1,160 - 1,542 1,146 145,963	1,887,451 * 4,685,018 * 21,673 * 47,692 * 7,968 * 20,420 * 325 * 56,532 * 79,005 * 6,806,084
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				



Provider					Provider Number	1		iod Ended
	BUTTE COU	INTY			00004	111	June 3	0, 2004
	Report Refe	erence		'		As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUS	STMENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/M COUNTY PROVIDERS - PROGRAMS				
Info 52 Info Info 53 Info Info 54 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust County's record to account for the units of service: that the County adjusted out when utilizing the disallowed of These units of services/time were excluded in the State DMic Claims Report but remained in their records.	aims system (DCS).	1,887,451 4,685,018 21,673 47,692 7,968 20,420 325 56,532 79,005 6,806,084	(62,351) (970) - (376) (63,697)	1,887,451 * 4,622,667 * 21,673 * 47,692 * 7,968 * 19,450 * 325 * 56,532 * 78,629 * 6,742,387
55 56 Info Info 1nfo 57 Info 58 59 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust County's record to exclude the County's QA/UR di	sallowed units.	** 1,887,451 ** 4,622,667 ** 21,673 ** 47,692 ** 7,968 ** 19,450 ** 325 ** 56,532 ** 78,629	(34,220) (49,789) - - (190) - (1,542) (770) (86,511)	1,853,231 * 4,572,878 * 21,673 * 47,692 * 7,968 * 19,260 * 325 * 54,990 * 77,859 * 6,655,876
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				



Provider					Provider Number	No. of Adj.	Fiscal Per	iod Ended
	BUTTE COU	NTY			00004	111	June 3	0, 2004
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Çol.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS COUNTY PROVIDERS - PROGRAMS 1 AND 2				
Info 60 Info Info Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the County's records to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Oversight Branch.		** 1,853,231 ** 4,572,878 ** 21,673 ** 47,692 ** 7,968 ** 19,260 ** 325 ** 54,990 ** 77,859 6,655,876	(150) - - - - - - - (150)	1,853,231 * 4,572,728 * 21,673 * 47,692 * 7,968 * 19,260 * 325 * 54,990 * 77,859 * 6,655,726
61 62 63 64 Info 65 Info 66 67 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report by SFC. Above adjustme include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county.	ents	1,853,231 4,572,728 21,673 47,692 7,968 19,260 325 54,990 77,859 6,655,726	3,901 (6,295) (1,075) 42 - - - - (3,427)	1,857,132 4,566,433 20,598 47,734 7,968 19,260 325 54,990 77,859 6,652,299
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				



Provider					Provider Number	No. of Adj.		eriod Ended
<u> </u>	BUTTE COU	NTY			00004	111	June	30, 2004
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS				
68 69 info info 70 71 Info info 72 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 09/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 09/30/04 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/time for the contractor operated facilities to agree with the State DMH Approved Claims Report dated July 16, 2005 (Excluding disallowed claims). Above adjustme include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County.		287,319 753,355 0 0 3,003 8,105 0 288 2,513 1,054,583	5,803 12,748 - - 1,377 (683) - - (694) 18,551	293,122 * 766,103 * 0 * 0 * 4,380 * 7,422 * 0 * 288 * 1,819 * 1,073,134
73 74 info info info info info info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the State DMH Approved Claims Report dated July 16, 2008 to exclude the County's QA/UR disallowed units.		293,122 766,103 4,380 7,422 288 1,819 1,073,134	(2.412) (5.922) - - - - - - - - - (8.334)	290,710 * 760,181 * 4,380 * 7,422 * 288 * 1,819 * 1,064,800
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				





Provide		INITY	_		Provider Number	- · · · · · · · · · · · · · · · · · · ·		riod Ended
ļ	BUTTE COL				00004	111	June 3	0, 2004
Adj. No.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS				
75 76 Info Info 77 78 Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 06/30/04 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust the SD/MC, Enhanced, Healthy Families units of service/time to agree with County's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County.		290,710 760,181 4,380 7,422 288 1,819 1,064,800	2,313 6,878 - (1,377) 1,377 - - - - - - 9,191	293,023 * 767,059 *
Info 79 Info Info Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust County's record to account for the units of services/time that the County adjusted out when utilizing the disallowed claims system (DC These units of services/time were excluded in the State DMH Summary App Claims Report but remained in their records.		** 293,023 ** 767,059 **	(1,187) - - - - - - - - (1,187)	293.023 - 765.872
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provider		•			Provider Number	· I		iod Ended
	BUTTE COU	NTY		<u>, </u>	00004	111	June 3	0, 2004
Adj.	Report Refe			EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.				_	
				ADJUSTMENTS TO REPORTED SD/MC UNITS CONTRACT PROVIDERS				
80 81 Info Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 100 10A 11B 11 11A	Total Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDI-CAL UNITS - 10/01/03 to 06/30/04 MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03 MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04 ENHANCED - CHILDREN - 07/01/03 to 09/30/03 ENHANCED - CHILDREN - 10/01/03 to 06/30/04 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03 HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04 TOTAL To adjust County's record to exclude the County's QA/UR disallowed units.		** 293,023 ** 765,872 **	(2,412) (5,922) - - - - - - - (8,334)	290.611 759.950 - 3.003 8.799 - 288 1,819 1,064.470
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide		11.177.1	 *		Provider Number	No. of Adj.		eriod Ended
<u> </u>	BUTTE COU			r	00004	111	June :	30, 2004
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjust e d
110.	J J J	Line	001.	ADJUSTMENTS TO REPORTED TOTAL UNITS				
info 81 82 83 84 85 86 87 88 89 90 91 info 92 93 94 95 info	MH 1966A	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		TOTAL UNITS-MODE 05-20 TOTAL UNITS-MODE 10-95 TOTAL UNITS-MODE 15-01 TOTAL UNITS-MODE 15-30 TOTAL UNITS-MODE 15-31 TOTAL UNITS-MODE 15-32 TOTAL UNITS-MODE 15-33 TOTAL UNITS-MODE 15-34 TOTAL UNITS-MODE 15-58 TOTAL UNITS-MODE 15-60 TOTAL UNITS-MODE 15-70 TOTAL UNITS-MODE 15-70 TOTAL UNITS-MODE 15-31 FFS Psychiatrist TOTAL UNITS-MODE 15-31 FFS Psychologist TOTAL UNITS-MODE 15-32 FFS LMFT TOTAL UNITS-MODE 15-32 FFS LMFT TOTAL UNITS-MODE 15-30 ASO TOTAL To adjust Total Units to agree with County's record.		5,234 11,233 304,384 871,119 625,442 1,716,026 2,282,155 571,572 754,862 6,179 1,028,396 313,443 21,671 14,569 3,236 11,283 24,287 264 8,565,355	(20) (655) (28,018) 12,470 (8,155) (11,179) (3,374) 3,995 7,085 (1,529) (10,055) - 44 (286) (8) (80) - (39,765)	5,234 11,213 303,729 843,101 637,912 1,707,871 2,270,976 568,198 758,857 13,264 1,026,867 303,388 21,671 14,613 2,950 11,275 24,207 264 8,525,590
	<u> </u>	<u></u>	<u> </u>	** Balance brought forward from prior adjustment.				





Provider					Provider Number	No. of Adj.	Fiscal P	eriod Ended
	BUTTE COU	INTY	_		00004	111	June	30, 2004
	Report Refe	erence		1		As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS				
96 97	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC) TOTAL HEALTHY FAMILIES REIMBURSEMENT		\$ 9,868,464 \$ 211,838 10,080,302	\$ 388,951 \$ (9,811) 379,140	\$ 10,257,415 \$ 202,027 10,459,442
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) to adjustments to costs, revenues, units of service/time and the results of the Medical Oversight audit.	due			
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS				
98 99	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC) TOTAL HEALTHY FAMILIES REIMBURSEMENT		\$ 901,906 \$ 6,748 908,654	\$ 6,080 \$ (109) 5,971	\$ 907,986 \$ 6,639 914,625
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustment to revenues and units of service/time and the results of the Medical Oversi				
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				



Provider	BUTTE COL	INITY		Provider Numbe	r No. of Adj. 111		eriod Ended 30, 2004
<u> </u>	Report Refe			00004	 	 	
Adj. No.	Form/	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
			_	ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS			
100	SCH 4	1	3	SD/MC ACTUALS	\$ 17,576,479	\$ 568,798	\$ 18,145,277
				To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the County Program and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.			
101 102	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	\$ 17,621,975 \$ 9,380,955	\$ (26,412) \$ (26,412)	\$ 17,595,563 * \$ 9,354,543 *
				To adjust total SD/MC claims and EPSDT claims to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated August 23, 2005. This report covered the period from April 1, 2004 through June 30, 2004.			
103 104	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	** \$ 17,595,563 ** \$ 9,354,543	\$ 26,412 \$ 26,412	\$ 17,621,975 * \$ 9,380,955 *
				To adjust total SD/MC claims and EPSDT claims to reverse the original recoupment included in adjustments 101 and 102 above. The revised findings affecting "Total SD/MC Claims and EPSDT Claims" will be taken in adjustments 100 and 101 below.			
105 106	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	\$ 17,621,975 \$ 9,380,955	\$ (360) \$ (360)	\$ 17,621,615 \$ 9,380,595
				To adjust total SD/MC claims and EPSDT claims to include the results of the Department's revised audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the revised recoupment.			
				 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 			



Provider	BUTTE COL	JNTY	<u></u>	•	vider Number 0004	No. of Adj. 111		eriod Ended 30, 2004
	Report Ref					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	As Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS				
107	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$ 4,078,812	\$ 141,330	\$ 4,220,142
				To adjust Net cost settlement amount as a result of adjustments to SD/MC actual (Total Computable Medical), total SD/MC claims and EPSDT claims.	ls i			
108	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$ 4,078,812	\$ (10,644)	\$ 4,068,168 *
				To adjust State General Fund Distribution to include the results of the Departmen audit of the EPSDT Program conducted by the State Department of Mental Healt reflected in the report dated August 23, 2005. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the SGF original recoupments	th as om			
109	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$ 4,068,168	\$ 10,644	\$ 4,078,812
				To adjust State General Fund Distribution to reverse the original SGF recoupmer included in adjustment 108 above. The revised findings affecting "State General Distribution" will be taken in adjustments 110 below.				
110	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$ 4,078,812	\$ (145)	\$ 4,078,667
	Ti .			To adjust the State General Fund Distribution to reflect the results of the revised findings included in the final report dated March 3, 2008.	EPSDT			
111	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE		s -	\$ 141,475	\$ 141,475
				To adjust State General Funds due State as a result of adjustments to Cost Settlement Amount and State General Fund Distribution as follows:				
					,220,142 ,078,667)			
				Net State General Funds due to County \$ 1	141,475			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

BUTTE COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2004

FINDING NO. 1: TOTAL UNIT OF SERVICE COUNT

Our examination disclosed that County eliminated from total units count units of service it disallowed from its billing system resulting from errors such as incorrect billing date, duplicate entry, services among others. When a unit of service is disallowed through the Disallow Claims System (DCS), County cannot re-bill the claims or make correction or adjustments through DCS per DMH Information Notice No.: 05-01. Note that no claim will be considered disallowed until payment for that claim including Federal Financial Participation (FFP) and EPSDT State General Fund (SGF) has been repaid to the state.

AUDIT AUTHORITY

- 1. Center for the Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2300
- 2. 42 Code of Federal Regulations 413.24
- 3. DMH Information Notice No.: 05-01

RECOMMENDATION

We recommend that County should establish policies and procedures for disallowing claims originally submitted for payment and for which payments have made by the state and received by the County. The history of disallowed units and the process used by the County to effect corrections were not adequate and persuasive enough to convince us of what happened and how they were corrected and their effect on the cost report. Also, County should not re-bill Medi-Cal units after they have been disallowed through the DCS.

AUDIEE RESPONSE

The County established a policy and procedure for disallowing claims in September 2006. Please provide regulatory authority for statement that County cannot submit claims for mental health services provided to eligible beneficiaries. DMH Notice 05-01 indicates that the DCS system is limited and cannot be used to submit claims or make adjustments, however this document does not state that Counties cannot or should not submit claims through the regular claiming process, which is the method the County is using.

FINDING NO. 2: ASSET LIFE: FILING SYSTEMS

Our examination disclosed that County used four year asset life for the depreciation of its filing cabinet. Per Arnerican Hospital Association Estimated Useful Lives of Depreciable Hospital Assets Filing Cabinet is to be depreciated over a fifteen year life and not over a four year life.

BUTTE COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2004

AUDIT AUTHORITY

- 1. Center Medicare and Medicaid Services Pub. 15-1, Sections 104.17 and 104.18
- 2. 42 Code of Federal Regulations 413.24

RECOMMENDATION

We recommend that County should depreciate portable filing cabinets over a fifteen year period in accordance with American Hospital Association (AHA) guidelines.

AUDITEE RESPONSE

The County agrees with the adjustment.

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY County Code: 04

	Legal Entity: BUTTE COUNTY	_ A	В	C
Leg	gal Entity Number: 00004	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	19,409,248	10,234,392	29,643,640
2	Encumbrances		270	270
3	Less: Payments to Contract Providers (County Only)		(8,620,435)	(8,620,435)
4	Other Adjustments from MH 1962	(55,531)		5,732,230
5	Total Costs Before Medi-Cal Adjustments	19,353,717	7,401,988	26,755,705
6	Medi-Cal Adjustments from MH 1961		45,042	45,042
7	Managed Care Consolidation (County Only)		<u></u>	
8	Allowable Costs for Allocation			26,800,747
	Administrative Costs (County Only)			
9	SD/MC Administration	Had 11		3,243,734
10	Healthy Families Administration			49,531
11	Non-SD/MC Administration			557,860
12	Total Administrative Costs			3,851,126
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			76,483
14	Other SD/MC Utilization Review			11,954
15	Non-SD/MC Utilization Review	<u> </u>		10,210
16	Total Utilization Review Costs			98,647
17	Research and Evaluation (County Only)		·	0
				<u>':</u>
18	Mode Costs (Direct Service and MAA)	·		22,850,974
19	Total Costs - Lines 9 through 18	<u> </u>	<u> </u>	26,800,747

Crosscheck 22,850,974 ΟK 26,800,747 ОК

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY

County Code: 04

	Legal Entity: BUTTE COUNTY	Α	В	C
Le	gal Entity Number: 00004	Salaries		Total
	<u> </u>	and Benefits	Other	Adjustments
1	Depreciation of equipment purchased in FY94-95		243	243
2	Depreciation of equipment purchased in FY95-96		1,596	1,596_
3	Depreciation of equipment purchased in FY96-97		763	763
4	Depreciation of equipment purchased in FY97-98		73	73
5	Depreciation of equipment purchased in FY98-99		6,541	6,541
6	Depreciation of equipment purchased in FY99-00		13,192	13,192
7	Depreciation of equipment purchased in FY00-01		38,897	38,897
8	Depreciation of equipment purchased in FY01-02		21,700	21,700
9	Depreciation of equipment purchased in FY02-03		5,310	5,310
10	Depreciation of equipment purchased in FY03-04		6,406	6,406
11	Equipment purchased during FY03-04		(49,679)	(49,679)
12				
13			1	
14				
15				
16				-
17			i i	
18				
19				
20	Total Adjustments		45,042	45,042

Crosscheck 45,042

OK

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY

County Code: 04

	Legal Entity: BUTTE COUNTY	Α	В	С
Le	gal Entity Number: 00004	Salaries	ļ	Total
		and Benefits	Other	Adjustments
1	Add EOY Encumbrances		1 <u>,745,</u> 317	1,745,317
2	Rounding Error		4	4
3_	Auditor Adjustments		(86)	(86)
4	Inpt/Otpt adjustments		(45,917)	(45,917)
5	Santa Clara Adjustment	•	(65,474)	(65,474)
6	Release unneeded encumbrances		(356,826)	(356,826)
7	Overpayments		(19,056)	(19,056)
8	Auditor Adjustments		50	50
9	Contractor Exp not on BCDBH books		5,040,019	5,040,019
10	Account Adjustments		883	883
11	Revenue Adjustments		(261,900)	(261,900)
12	Transfer Expenses	(55,531)	(18,774)	(74,305)
13	Space Use & Equipment Depreciation		111,806	111,806
14	To adjust Encumbrances (released/Not Expended)		(344,494)	(344,494)
15	To adjust ASO to agree with county records		(1,267)	(1,267)
16	To adjust MHS to agree with county records		3,476	3,476
17				,
18				
19			1	
20	Total Adjustments	(55,531)	5,787,761	5,732,230

Crosscheck 5,732,230 OK

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY

County Code: 04

	Legal Entity: BUTTE COUNTY	A
Le	gal Entity Number: 00004	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	22,850,974
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	2,467,217
4	Day Services (Mode 10)	480,051
5	Outpatient Services (Mode 15 Program 1 + Program 2)	18,781,154
6	Outreach Services (Mode 45)	961,442
7	Medi-Cal Administrative Activities (Mode 55)	72,153
8	Support Services (Mode 60)	88,957
9_	Total - Lines 2 through 8	22,850,974

Crosscheck OK

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY
County Code: 04

County: BUTTE COUNTY County Code: 04			CR	CR				
Legal Entity: BUTTE COUNTY		A	B 1			E	F	G
Legal Entity Number: 00004			Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (Al	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
		1 1	20	21			· ·	
Allocation Percentage		100.00%	94.64%	5.36%				
2 Total Units			5,234	5,234				
3 Gross Cost		2,467,217	2,334,972	132,245				
4 Cost per Unit	· <u>·</u>		446.12	25.27				
5 SMA per Unit		at. 1. Hillia	489.49	489.49				
6 Published Charge per Unit		Let a terminate	492.18	492.18				
7 Negotiated Rate / Cost per Unit	stiated Rate / Cost per Unit							
8	07/01/03 - 09/30/03	listing in the	1,015		<u> </u>		·····	
Medi-Cal Units	10/01/03 - 06/30/04	rie interac	2,849					
0	07/01/03 - 09/30/03	Barrier (British						
9A Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
10 Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04	Est. (Hillighi)						
Healthy Families (SED) Units	07/01/03 - 09/30/03	er Bittida	2					
11A	10/01/03 - 06/30/04	designations	1			<u> </u>		
12 Non-Medi-Cal Units		11 1,111	1,367	5,234				
13 Medi-Cal Costs	07/01/03 - 09/30/03	452,808	452,808					
	10/01/03 - 06/30/04	1,270,985	1,270,985					
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	496,832	496,832					
14A	10/01/03 - 06/30/04	1,394,557	1,394,557					
Medi-Cal Published Charges	07/01/03 - 09/30/03	499,563	499.563					
15A	10/01/03 - 06/30/04	1,402,221	1,402,221					_
16 Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							L
16A	10/01/03 - 06/30/04				*	1 1 1 1 1 1 1 1 1 1 1 1	·	· ·
17 Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
1/Al	10/01/03 - 06/30/04							
Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03			,				
18A	10/01/03 - 06/30/04							<u> </u>
19 19A Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	 				-		 -
20	07/01/03 - 09/30/03						-	
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04	 		-		 		
								
Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A	10/01/03 - 06/30/04	 					-	
Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	+				<u> </u>		
23 Spheroid SDMC Outlined Change	10/01/03 - 06/30/04 07/01/03 - 09/30/03	_				-	 	
Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	1				 		
24	07/01/03 - 09/30/03	 					<u> </u>	
Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04	1		-		 		
			-38			12000	· · · · · · · · · · · · · · · · · · ·	
25 Enhanced SD/MC (Refugees) Costs 26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	 	<u> </u>				-	
 Enhanced SD/MC (Refugees) SMA Upper Limits Enhanced SD/MC (Refugees) Published Charges 		 	<u> </u>			 		
28 Enhanced SD/MC (Refugees) Published Charges 28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	 				 		-
		<u> </u>				h	<u> </u>	
Healthy Families Costs	07/01/03 - 09/30/03	892	892	<u> </u>		_	L	
29A	10/01/03 - 06/30/04	446	446		_	-		
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	979	979				 	
	10/01/03 - 06/30/04	489	489			<u> </u>	<u> </u>	
31 31A Healthy Families Published Charges	07/01/03 - 09/30/03	984	984 492				 	
32	07/01/03 - 06/30/04	492	492			 	 	
32A Healthy Families Negotiated Rates	10/01/03 - 09/30/04	+		<u> </u>		 		
	10/01/03 - 00/30/04	 					-	
33 Non-Medi-Cal Costs		742,086	609.841	132,245	<u></u>		L	<u> </u>

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY

County Code: 04 CR Legal Entity: BUTTE COUNTY D G В С Legal Entity Number: 00004 Service Service Service Service Service Service Mode: 10 - Day Services Mode Total Function Function **Function** Function **Function** Function 95 Allocation Percentage 100.00% 100.00% Total Units 11,213 Gross Cost 480,051 480,051 4 Cost per Unit 42 81 SMA per Unit 118.94 6 Published Charge per Unit 95.54 Negotiated Rate / Cost per Unit 07/01/03 - 09/30/03 1,993 Medi-Cal Units 8A 10/01/03 - 06/30/04 7,230 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Units 10/01/03 - 06/30/04 9A 10 07/01/03 - 09/30/03 Enhanced SD/MC (Children) Units 10A 10/01/03 - 06/30/04 10B Enhanced SD/MC (Refugees) Units 07/01/03 - 06/30/04 07/01/03 - 09/30/03 50 11 Healthy Families (SED) Units 11A 10/01/03 - 06/30/04 89 12 Non-Medi-Cal Units 1,851 13 07/01/03 - 09/30/03 85,324 85,324 Medi-Cal Costs 13A 10/01/03 - 06/30/04 309,531 309,531 07/01/03 - 09/30/03 14 237,047 237,047 Medi-Cal SMA Upper Limits 14A 10/01/03 - 06/30/04 859,936 859,936 15 07/01/03 - 09/30/03 190,411 190.411 Medi-Cal Published Charges 690,754 15A 10/01/03 - 06/30/04 690.754 16 07/01/03 - 09/30/03 Medi-Cal Negotiated Rates 16A 10/01/03 - 06/30/04 17 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Costs 17A 10/01/03 - 06/30/04 18 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover SMA Upper Limits 18A 10/01/03 - 06/30/04 19 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Published Charges 19A 10/01/03 - 06/30/04 20 07/01/03 - 09/30/03 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/03 - 06/30/04 21 Enhanced SD/MC Costs 07/01/03 - 09/30/03 21A 10/01/03 - 06/30/04 22 07/01/03 - 09/30/03 Enhanced SD/MC SMA Upper Limits 22A 10/01/03 - 06/30/04 Enhanced SD/MC Published Charges 07/01/03 - 09/30/03 23A 10/01/03 - 06/30/04 24 07/01/03 - 09/30/03 Enhanced SD/MC Negotiated Rates 24A 10/01/03 - 06/30/04 25 Enhanced SD/MC (Refugees) Costs 07/01/03 - 06/30/04 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/03 - 06/30/04 27 Enhanced SD/MC (Refugees) Published Charges 07/01/03 - 06/30/04 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/03 - 06/30/04 29 07/01/03 - 09/30/03 2,141 2,141 Healthy Families Costs 29A 10/01/03 - 06/30/04 3,810 3,810 30 07/01/03 - 09/30/03 5,947 5,947 Healthy Families SMA Upper Limits 30A 10/01/03 - 06/30/04 10,586 10,586 31 07/01/03 - 09/30/03 4.777 4.777 Healthy Families Published Charges 31A 10/01/03 - 06/30/04 8,503 8,503 07/01/03 - 09/30/03 Healthy Families Negotiated Rates 10/01/03 - 06/30/04 32A 33 Non-Medi-Cal Costs 79,245 79,245

OÉPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

							FISCAL TEAT								
County BUTTE COUNTY															
County Code 04			CR	CR	CR	ĊR	CR	CR	CR	CR	CR	CR			
Legal Entity BUTTE COUNTY		A	В	С		F	F	G	н	1 1	J	К	ı	M	N
Legal Entity Number 00004			Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
Mode 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function
		1	01	10	30	31	32	33	34	58	60	70			
1 Allocation Percentage		100.00%	2 99%	8 69%	6 57%	17.60%	23 40%	5.85%	7.82%	0.14%	22.25%	4 70%			
2 Total Units			303,729	843,101	637,912	1,707,871	2,270,976	568,198	758,857	13,264	1,026,867	303,388			
3 Gross Cost		18,688,537	558,122	1,623,472	1,228,361	3,288,669	4,372,982	1,094,120	1,461,252	25,541	4,158,045	877,973			
4 Cost per Unit		111111111111111111111111111111111111111	1 84	1 93	1 93	1,93	1.93	1 93	1.93	1 93	4.05	2.89			
5 SMA per Unit		 	1 83	2 36	2.36	2.36	2.36	2 36	2.36	2.36	4 37	3.52	-		
6 Published Charge per Unit			1 67	1 75	1 75	1 75	1.75	1 75	1 75	1 75	3 68	2 53	_		
7 Negotiated Rate / Cost per Unit			, , ,	,		112		,,,,							
														-,,	
	07/01/03 - 09/30/03	1: 1/1/10 (1)	72,224	221,535	118,917	297,952	563,833	145,792	144,335	3,063	208,308	60,244			
[8A]	10/01/03 - 06/30/04	etelet delte joja	189,021	487,466	316,682	830,673	1,414,370	238,096	304,618	3,116	571,697	146,478			
9 Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03	3.1 (3.4) (4.1)			375	. !	1,675	1,206			17,342				
YA]	10/01/03 - 06/30/04			30	960	ļ	4,420	1,908			40,396	20			
10 Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03	111 111 1	10	1,120	290	1,639	1,735	938	290		366	605			
10A	10/01/03 - 06/30/04	graniga a in n		1,989	2,410	4,124	6 953	260	1,790		384	1,350			
	07/01/03 - 06/30/04	er lister in													
	07/01/03 - 09/30/03	Electrical and a second	, 90	7,613	6,176	8,429	14,801	8,115	5,164		2,610	1,940			
11A Healthy Families (SED) Onits	10/01/03 - 06/30/04	na deal tegins	· 180	11,763	8,463	19,515	17,436	5,665	7,480		4,012	3,255			
12 Non-Medi-Cal Units			42,204	111,585	183,639	545,539	245,753	166,218	295,180	7,085	181,752	89,496			
13	07/01/03 - 09/30/03	4,030,136	132,716	426,587	228,986	5/73,735	1,085,715	280,736	277,931	5,898	843,492	174.340			
	10/01/03 - 06/30/04	10,008,734	347,339	938,663	609,802	1,599,541		458,477	586,571	6,000	2,314,946	423,892		1	-
	07/01/03 - 06/30/04	4,783,742	132,170	522,823	280,644	703,167	2,723,505 1,330,646	344,069	340,631	7,229		212,059		-	}
											910,306				
14A	10/01/03 - 06/30/04	11,844,076	345,908	1,150,420	747,370	1,960,388	3,337,913	561,907	718,898	7,354	2,498,316	515,603			
15 Medi-Cat Published Charges	07/01/03 - 09/30/03	3,662,626	120,614	387,686	208,105	521,416	986,708	255,136	252,586	5,360	766,573	158,442			
15A Medi-Cai Published Charges	10/01/03 - 06/30/04	9,096,034	315,665	853,066	554,194	1,453,678	2,475,148	416,668	533,082	5,453	2,103,845	385,237			
16 Medi-Cal Negotiated Rates	07/01/03 - 09/30/03														
16A	10/01/03 - 06/30/04	ļ													
17	07/01/03 - 09/30/03	76,492			722	:	3,225	2,322			70,222				_
17A Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	177,723		58	1,849		8,511	3,674			163,574	58			
18	07/01/03 - 09/30/03	83,469			885		3,953	2,846			75,785				
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	193.871		71	2,266	1	10,431	4,503			176,531	70			1
10	07/01/03 - 09/30/03	69,517	-	, ,	656		2,931	2.111			63,819				
19A Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	161,516		53	1,680		7,735	3,339			148,657	53			
20	07/01/03 - 09/30/03	101,510			1,000		7,733	3,333			140,037				
20A Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04														
				<u>.</u>	····		٠.							ļ	<u> </u>
21 Enhanced SD/MC Costs	07/01/03 - 09/30/03	14,828	18	2,157	558	3 156	3,341	1,806	558		1,482	1,751			
21A	10/01/03 - 06/30/04	39,210		3,830	4,641	7,941	13,389	501	3,447		1,555	3,907			
22 Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	17,936	18	2,643	684	3,868	4,095	2,214	684		1,599	2,130			
22A	10/01/03 - 06/30/04	47,791		4,694	5,688	9,733	16,409	614	4,224		1,678	4,752			
23 Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	13,476	17	1,960	508	2,868	3,036	1,642	508		1,347	1,591			
23A Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	35,634		3,481	4,218	1 7,217	12,168	455	3,133		1,413	3,551			
24 Fahanad SD/MC Nagational Rates	07/01/03 - 09/30/03					7									
24A Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04														1
														 	
	07/01/03 - 06/30/04													1	
26 Enhanced SD/MC (Refugees) SMA Upper Limits						- :									
27 Enhanced SD/MC (Refugees) Published Charges		1													
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	ļ	ļi												
29 Hardin Familias Casta	07/01/03 - 09/30/03	113,202	165	14,660	11,892	16,231	28,501	15,626	9,944		10,569	5,614			
29A Healthy Families Costs	10/01/03 - 06/30/04	161.408	331	22,651	16.296	37,578	33.575	10.909	14.403		16 246	9,420			
20	07/01/03 - 09/30/03	137,102	165	17,967	14,575	19,892	34,930	19,151	12,187		11,406	6,829			l
30A Healthy Families SMA Upper Limits	10/01/03 - 06/30/04	195,279	329	27,761	19,973	46,055	41 149	13,369	17,653		17,532	11,458		<u> </u>	
31	07/01/03 - 09/30/03	193,279	150	13,323	10,808	14,751	25,902	14,201	9.037		9,605	5 102		 	
31A Healthy Families Published Charges	10/01/03 - 06/30/04	146,689	301	20,585	14,810	34,151	30,513	9,914	13,090		14,764	8,561			
32		140,069	301	20,365	14,010	34,131	30,513	9,914	13,090		14,764	196,0	L	-	
32A Healthy Families Negotiated Rates	07/01/03 - 09/30/03	 				-	-	-							
JCM .	10/01/03 - 06/30/04	ļ							ļ ļ	-,,			·	 	<u> </u>
33 Non-Medi-Cal Costs		4.066.804	77,553	214,868	353,615	1,050,488	473.221	320,069	568,397	13,643	735,960	258,992			
· · · · · · · · · · · · · · · · · · ·		•													

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04) $\,$

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY

	County Code: 04			ASO	ASO	MHS	MHS	MHS	MHS
	Legal Entity: BUTTE COUNTY	-	Α -	8	C	D	E	F	G
Ļе	gal Entity Number: 00004		-	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function 32	Function
1	Allocation Percentage		100.00%	30 25.20%	60 0.51%	30 25.39%	31 3.39%	13.81%	60 31 70%
2	Total Units	_	100.00%	24,207	264	21,671	2,950	11,275	14,613
3	Gross Cost		92,617	23,340	472	23,515	3,140	12,788	29,362
	Cost per Unit	<u> </u>	33,5	0.96	1.79	1.09	1.06	1.13	2.01
5	SMA per Unit			2.36	4.37	2.36	2.36	2.36	4 37
6	Published Charge per Unit			2.50	7.37	2,30	2,30	2.50	437
7	Negotiated Rate / Cost per Unit								
8		07/01/03 - 09/30/03		3,570	76	7,393	458	2.877	3,547
8A	Medi-Cal Units	10/01/03 - 06/30/04		20,427	76 188	12,646	2,169	8,058	10,649
9		07/01/03 - 09/30/03		134,03	100	12,040	2,105	8,038	10,045
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04		20				1	
10		07/01/03 - 09/30/03				800			175
104	Enhanced SD/MC Units	10/01/03 - 06/30/04			-				
10E	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			190		832	323	340	242
13	M-# 0-1 0	07/01/03 - 09/30/03	22,478	3,442	136	8,022	487	3,263	7,127
134	Medi-Cal Costs	10/01/03 - 06/30/04	66,599	19,695	336	13,722	2,309	9,139	21,397
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	49,576	8,425	332	17,447	1,081	6,790	15,500
144	Medi-Cai SMA Opper Cimits	10/01/03 - 06/30/04	149,546	48,208	822	29,845	5,119	19,017	46,536
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
164		10/01/03 - 06/30/04		· · · · · · · · · · · · · · · · · · ·					
17	Madage (Madi Cal Cassas) as Gasta	07/01/03 - 09/30/03	1						
174	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	19	19					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18/	Medicare Medicar Grossover SMA Opper Emilis	10/01/03 - 06/30/04	47	47					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
194		10/01/03 - 06/30/04	<u> </u>						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20/		10/01/03 - 06/30/04	1(1971)						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	1,220			868			352
214	Limanced Sprine Costs	10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,653			1,888			765
22/		10/01/03 - 06/30/04	ļ	ļ					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	<u> </u>						_
23/		10/01/03 - 06/30/04	1				T		
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24/	The figure of the state of the	10/01/03 - 06/30/04	<u> </u>		122111111111111111111111111111111111111				
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	ļ	1	ļ.,				
29	Haalthy Families Costs	07/01/03 - 09/30/03	1						
29/	Healthy Families Costs	10/01/03 - 06/30/04							
30	Healthy Esmiliae SMA Honor Limite	07/01/03 - 09/30/03							
30/	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31/	Treating Families Fublished Charges	10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03	1						
32/	A STATE OF THE STA	10/01/03 - 06/30/04	<u> </u>	1					
33	Non-Medi-Cal Costs	-	2,302	183		903	344	386	486

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY County Code: 04

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	Legal Entity: BUTTE COUNTY	Α	В	С	Ď	E	F	G
Le	egal Entity Number: 00004		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10	11	_			
1	Allocation Percentage	100.00%	81.94%	18.06%				
2	Total Units		9,551	1,943				
3	Gross Cost	961,442	787,804	173,638				
4	Cost per Unit		82.48	89.37				
5	Non-Medi-Cal Units		9,551	1,943				
6	Non-Medi-Cal Costs	961,442	787,804	173,638				

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY

County Code: 04

	Legal Entity: BUTTE COUNTY	Н	1	J	K	L	М	N
Le	gal Entity Number: 00004	Service	Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Function	Function	Function	Function	Function_	Function	Function
1	Allocation Percentage							
2	Total Units					<u> </u>		
3	Total Expenditures							
4	Cost per Unit			: ;:	<u></u>	e et		
5	Non-Medi-Cal Costs							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: BUTTE COUNTY

County Code: 04

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Legal Entity: BUTTE COUNTY	A	В	С	D	E	F	G
Legal Entity Number: 00004		Service	Service	Service	Service	Service	Service
Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
		61_					
1 Allocation Percentage	100.00%	100.00%	<u>-</u>		-		
2 Total Units		8,136				_	
3 Gross Cost	88,957	88,957					
4 Cost per Unit		10.93	· · · · · · · · · · · · · · · · · · ·				
5 Non-Medi-Cal Units (Same as Line 2)		8,136					
6 Non-Medi-Cal Costs (Same as Line 3)	88,957	88,957					



DETERMINATION OF SDIMC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

	County BUTTE COUNTY					1					_		
	County Code 04					EMENT TYPE	PC		Costs			Costs	
100	Legal Entity BUTTE COUNTY		_ ^_	В	c	' D	E	F	G	Н		J	K Total
Lega	il Entity Number 00004		┨ .	Mode 55		Total	Total Inpatient				Total Outpatient		t otal Outpatient
				S F. s 11-19,		MAA	Mode 05	Made 05-All		Mode 15	Exclude	Mode 15	(Cal I + Cal J)
			5 F's 01-09	31-39	S.F.'s 21-29		Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	
1 1A	Medi-Cal Costs	07/01/03 - 09/30/03	1 1 1 1 1 1 1 1 1 1 1 1	1. 111. 177.1				452,808	85,324	4.030.136	4,568,268	22,478	4,590,746
2		07/01/03 - 09/30/03	1					1,270,985 496,832	309,531 237,047	10,008,734	11,589,250 5,517,622	66,599 49,576	11,655,849 5,567,198
2A	Medi-Cal SMA	10/01/03 - 06/30/04	1	10.000				1,394,557	859,936	11,844,076	14,098,570	149_546	14,248,115
3	Medi-Cal P C	07/01/03 - 09/30/03	11 11 111 111					499,563	190,411	3,662,626	4,352,600		4,352,600
3A	Wedness C	10/01/03 - 06/30/04	12. 12. 12.					1,402,221	690,754	9,096,034	11,189,009		11,189,009
4 4A	Medi-Cal N R	07/01/03 - 09/30/03 10/01/03 - 06/30/04	 		1000								
**													
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03						452,808	85,324	4,030,136	4,568,268	22,478	4,590,746
5A	The second secon	10/01/03 - 06/30/04						1 270 985	309,531	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	11,589,250	66,599	11 655 849
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03	 		بني نيا					76,492	76,492	40	76 492
6A		10/01/03 - 06/30/04 07/01/03 - 09/30/03	 					 		177,723 83,469	177,723 B3,469	19	177,742 83,469
7A	Medicare/Medi-Cal Crossover SMA	10/01/03 - 06/30/04	1							193,871	193,871	47	193,919
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03			i <u> </u>					69,517	69,517		69,517
8A		10/01/03 - 06/30/04		11.11			· ·	 _		161,516	161,516		161,516
9 40	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	 		 			⊢− −				~	
9A			+										
10 10A	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1				.	 		76,492 177,723	76,492 177,723	19	76,492 177,742
				11111111111111						7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			
11 11A	Total SD/MC + Crossover Gross Reim	07/01/03 - 09/30/03	1 2 2 2 2 2	7,7 14 14 14 TO		1		452,808	85,324 309,531		4,644,760 11,766,973	22,478	4,667,238
1 1								1,270,985	309 531			56,618	11,833,591
12 12A	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1							14,828	14,828	1,220	16,048
12A		07/01/03 - 09/30/03	1		100			-		39,210 17,936	39,210 17,936	2,653	39,210 20,588
13A	Enhanced SD/MC (Children) SMA	10/01/03 - 06/30/04				100				47 791	47 791	2,055	47 791
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03			14	35				13,476	13,476		13,476
14A	Elimanced Spirite (Crimaterly 1 ; C;	10/01/03 - 06/30/04	19. 19.00	134 87 134	14.					35,634	35,634		35,634
15 15A	Enhanced SD/MC (Children) N R	07/01/03 - 09/30/03 10/01/03 - 06/30/04			22 1 2			 					
										1, 1			
16 15A	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04		1. 1. 1. 1. 1.	<u> </u>					14,828 39,210	14,828 39,210	1,220	16 048 39,210
	False of SDMC (Batherin) Cont	The second secon	<u> </u>			 		!		39,210	33,210	-	39,210
17	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04 07/01/03 - 06/30/04	+	1 1 2 2 2				 	-				
19	Enhanced SD/MC (Refugees) P. C	07/01/03 - 06/30/04		<u> </u>			_	 					
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04	110										
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03				Las Till		452,808	85,324	4,121,456	4,659,588	23,697	4,683,286
21A	(Excludes Refugees)	10/01/03 - 06/30/04	1	ren i Belgig e		. 1.1		1,270,985	309,531		11,806,183	66,618	11,872,801
22	Enhanced SD/MC (Refugees) Gross Reim	07/01/03 - 06/30/04					 _	 					
23	Healthy Families Cost	07/01/03 - 09/30/03		100				892	2,141	113,202	116,235		116,235
23A	Treating 1 arrines Cost	10/01/03 - 06/30/04	1					446	3,810	161,408	165,664		165 664
24 24A	Healthy Families SMA	07/01/03 - 09/30/03	 	 	 	 		979 489	5,947 10,586	137,102 195,279	144,028 206,355		144,028 206,355
25	5 11 2 2	07/01/03 - 09/30/03						984	4 777	102,879	108,640	-	108,640
25 25A	Healthy Families P C	10/01/03 - 06/30/04						492	8,503	146,689	155,684	- 1	155 684
26	Healthy Families N. R.	07/01/03 - 09/30/03			ļ.:								
26A		10/01/03 - 06/30/04		<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
27	Healthy Families Gross Reim	07/01/03 - 09/30/03		-		<u> </u>		892	2,141	113,202	116,235		116.235
27A	Less Patient and Other Payor Revenue	10/01/03 - 06/30/04	+	 		 		445	3,810	161,408	165,664		165 664
28		07/01/03 - 09/30/03	 	 	 	 	• • • •	413	153	33.810	34,376		34 376
28A	SD/MC + Crossover Revenue	10/01/03 - 06/30/04						243	2,640	97,269	100,152		100,152
29	Enhanced SD/MC (Children) Revenue					 				870	870		870
30	Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue		 		 	 		├── ─┤		316	316		316
-			+	70.000	===	72.45	<u> </u>			316	310		316
32	Total Expenditures from MAA (Mode 55) Medi-Cat Eligibility Factor (Average)		 	72,153	30%	72,153							
34	Revenue - MAA		+ ** +	†	1.	 		· · · · · · ·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
35		07/01/03 - 09/30/03		16,090		16,090		452,395	85,171	4.086.776	4,624,342	23.697	4,648,039
35A	Net Due - SD/MC for Direct Services	10/01/03 - 06/30/04	+	16,090	 	10,090	 	1,270,742	306,89 <u>1</u>	10,128,398	11,706,031	66,618	11,772,649
36	Net Due - Enhanced SD/MC (Refugees)	-										55,510	
37	Net Due - Healthy Families	07/01/03 - 09/30/03		·				892	2 141	112,886	115,919		115,919
37A	 	10/01/03 - 06/30/04		<u> </u>		 		446	3,810	161,408	165,664		165 664
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/03 - 09/30/03		-	<u> </u>	 						<u> </u>	
38A 39	Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04	+	 	 	+→	_	 					
72		07/01/03 - 09/30/03	1	1									
40	- Healthy Families	10/01/03 - 06/30/04											

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County BUTTE COUNTY
County Code 04

Legal Entity BUTTE COUNTY		A	В		D	E	F	G	н		J
Legal Entity Number 00004		Total MAA	Total Inpatient	Total Outpatient	Total	50 00% FFP	54 35% FFP	52 95% FFP	Vanable %	75 00% FFP	Total FFP
SD/MC Administrative Reimbursement (County C								1. 1. 1. 1. 1.			T
County SD/MC Direct Service Gross Reimburser	nent			16,556,086	16,556,086	Landa da Par				<u> </u>	111 + D:
Contract Providers Medi-Cal Direct Service Gros			645,719	1,729,700	2,375,419	16-1011		11,111, 11,111			
Total Medi-Cal Direct Service Gross Reimbursen	nent				18,931,505	15 35 55 55			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Medi-Cal Administrative Reimbursement Limit					2,839,726					other to the	
Medi-Cal Administration			1 1 1 1 1		3,243,734	1 1 1 2 2 2		HE LANGE STATE	14111 1 414		
Medi-Cal Administrative Reimbursement	· · · · · · · · · · · · · · · · · · ·	31.1 (1.1 1.1 1.1)			2,839,726	1,419,8	63		2 2 2 2 2 2 2 2 2		1,419,86
Healthy Families Administrative Reimbursement	(County Only)		1 + + 5,55		1 (11)			(A) (A) (A)			
County Healthy Families Direct Service Gross Re		11.11 1881.		281,899	281.899			1 344 35 43	4. 1.		
A Contract Providers Healthy Families Direct Service	e Gross Reim.			10,381	10,381	A 1811 . 1					
B Total Healthy Families Direct Service Gross Rein		F. (4) 4391. (4)			292,280	:41112		1	1		
Healthy Families Administrative Reimbursement	Limit		1177		29,22X	E 48 N.	i signi in the	1 1 1 1	1,111,111		
Healthy Families Administration					49,531	0.000					
0 Healthy Families Administrative Reimbursement		1 1 1 1			29.22%	(i i i i i i i i i i i i i i i i i i i		Heli e et la la	18,998		[8,99
SD/MC Net Reimbursement for MAA						 			 	f	
Medi-Cal Admin Activities Svc Functions 01 - 09								1 1 1 1 1 1 1 1 1 1			
2 Medi-Cal Admin Activities Svc Functions 11 - 19	31 - 39	16,090	-		16,090	8,0	45	1 14 4 4	4.4.		8,0
3 Medi-Cal Admin Activities Svc Functions 21 - 29	(County Only)										
4 Utilization Review-Skilled Prof. Med. Personnel (County Only)		<u> </u>	10 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	76.483		-	1. 1. 1. 1. 1. 1. 1.		57,362	57.3
5 Other SD/MC Utilization Review (County Only)				91 . 1 2 . 44P	11,954	5 4	77		11.44		5,9
6 CD(MC N) - R - Thurst County County County	07/01/03 - 09/30/03			4.632 862	4.632.862		2,517,961	100	 	-	2 517 9
SD/MC Net Reimbursement for Direct Services	10/01/03 - 06/30/04			11 733,439	11,733 439	 		6.212.856	1		6.212.8
;	07/01/03 - 09/30/03			15 177	15 177	 		0.212,0.0	9.865	-	9.8
7A Enhanced SD/MC Net Reimb. (Children)	10/01/03 - 06/30/04	1111111		39.210	39,210	1000		taritat	25,486		25,41
8 Enhanced SD/MC Net Reimb (Refugees)								101041			
9 Total SD/MC Reimbursement Before Excess FFI	· · · · · · · · · · · · · · · · · · ·		 -			1	 			-	10 257.4
0 Amount Negotiated Rates Exceed Costs - SD/MC				†			100		1000		
1 Total SD/MC Reimbursement (FFP)			.:	4.		1	71 - · · · · ·	1			10 257,41
2 Contract Limitation Adjustment											
3 Adjusted Total SD/MC Reimbursement (FFP)		4.4 1 <u>41 </u> 1		<u> 1804.</u> is jis 13	1911		1.15				10,257,4
4 Hally Samlar Nat Books	07/01/03 - 09/30/03	-		115.919	115.919				75 347		75.34
Healthy Families Net Reimbursement	10/01/03 - 06/30/04		 	165,664	165,664		'	Hart tale	107,682		107,68
Total Healthy Families Reimbursement Before E		1.1 30		100	1995		7-11:	14 (14.5)			202.02
Amount Negotiated Rates Exceed Costs - Health											
7 Total Healthy Families Reimbursement	-	14 14 1	1	1 1 1 1	la in the later of the			1	1.0		202,0

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	1,419,863
Line 10: Column D minus Column H	10,230
Line 11: Calumn D minus Calumn E	
Line 12: Column D minus Column E	8,045
Line 13: Column D minus Column I	
Line 14: Calumn D minus Calumn I	19,121
Line 15: Column D minus Calumn E	5 977
Line 16: Column D minus Column F	2.114.902
A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	
Line 16A: Column D minus Column G	5,520,583
	5,520,583 5,312
Line 16A: Column D minus Column G	
Line 16A: Column D minus Column G Line 17: Column D minus Column H	5,312
Line 16A: Column D minus Column G Line 17: Column D minus Column H Line 17A: Column D minus Column H	5,312
Line 16A: Column D minus Column G Line 17: Column D minus Column H Line 17A: Column D minus Column H Line 18: Column D minus Column H Line 24: Column D minus Column H	5,312 13,723
Line 16A: Column D minus Column G Line 17: Column D minus Column H Line 17A: Column D minus Column H Line 18: Column D minus Column H Line 24: Column D minus Column H	5,312 13,723